RECEIVED
DEC 10 2021
S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: KADOKA PRESS		2. DATE: 09/15/2021
3. FREQUENCY OF ISSUE: WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $44 in area/$49 out

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO BOX 309; KADOKA, SD 57543-0309

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
RAVELLETTE PUBLICATIONS, INC.; PO BOX 788; PHILIP, SD 57567

6. FULL NAME OF PUBLISHER: DONALD J RAVELLETTE

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
DONALD J RAVELLETTE (100%)	PO BOX 633; PHILIP, SD 57567

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	625	624
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	188	190
2. Mail Subscription (Paid and or requested)	313	306
3. Paid Electronic Copies	25	24
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	526	520
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	29	29
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	555	529
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	50	78
2. Return from News Agents	20	17
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	625	624

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Donald Ravellette
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Haakon)

Sworn to before me this 15 day of Sept, 20 21

Jalene Haynes
Notary Public

(Seal)

My commission expires: 4-3-2027

Form: SOS REC 051 9/2016